



INFORMATION SHEET FOR BABY-SITTER

POLICE: _____ FIRE DEPT.: _____

PARENTS NAMES: _____

ADDRESS HERE: _____

PHONE HERE: _____

SECURITY CODE # _____ SECURITY PASSWORD: _____

EXPECTED RETURN TIME: _____ : _____

WHERE WE WILL BE:

LOCATION #1 _____

PHONE: _____

LOCATION #2 _____

PHONE: _____

IF YOU CAN'T REACH US...PLEASE CALL:

CONTACT #1 _____

PHONE: _____

CONTACT #2 _____

PHONE: _____

BEDTIMES: _____

MEDICATIONS: _____

SPECIAL INSTRUCTIONS: _____

CALLS RECEIVED:

#1: _____

#2: _____

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